

California Child Health and Disability Prevention (CHDP) Program HEALTH ASSESSMENT PROVIDER PROGRAM AGREEMENT

I, the undersigned, agree as a Health Assessment Provider in the CHDP Program to the following:

1. To comply with established CHDP standards for health care as outlined in the CMS-CHDP Health Assessment Guidelines, CHDP Provider Information Notices, and CHDP Provider Manual, including all updates.
2. To complete and document these CHDP assessment procedures within the approved office site: history and complete physical exam with dental/oral health inspection, developmental assessment, nutritional evaluation, anticipatory guidance, vision screening test (e.g., Snellen or equivalent), puretone audiometric screening, immunizations, tuberculin (PPD) test, and urine dipstick for blood, protein, glucose.
3. To complete and document CHDP assessment procedures with the understanding these tests may be referred out to another provider: hematocrit and/or hemoglobin, routine urinalysis, sickle cell electrophoresis, pelvic exam, PAP smear, gonorrhea tests, chlamydia tests, ova/parasites test, blood lead, or other testing. Attach a list to this document of any of these services that will be referred to other providers and identify the provider of those services.
4. To participate in training from the local CHDP Program.
5. To provide follow-up information when requested by CHDP.
6. To participate in periodic visits from the local CHDP Program to evaluate compliance with CHDP Program laws, regulations and policies.
7. To complete and provide initial school health reports, immunization records, Head Start forms, WIC form and pink copy of PM 160 to parents when requested/required at no cost to the child/family.
8. To provide the following services if a *Comprehensive Care Provider*:
 - a. Assume and document diagnosis and treatment when indicated
 - b. Coordinate additional care as needed
 - c. Make medical and dental referrals as needed
 - d. Provide continuity of care
 - e. Provide reasonable follow-up on missed appointments
9. To provide the following services if a *Health Assessment Only Provider*:
 - a. Assume and document referral for diagnosis and treatment to a Comprehensive Care Provider
 - b. Make dental referrals
 - c. Make a reasonable attempt to determine if referrals were completed
10. To comply with Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq).
11. To abide, as a Medi-Cal Provider, by all Medi-Cal laws and regulations and Medi-Cal policies and procedures as published in the Medi-Cal Provider Manual, including its updates.

Initials: _____

Initials: _____

I declare under penalty of perjury under the laws of the State of California that all information and attachments are true, accurate and complete to the best of my knowledge and belief.

Provider applicant name (please print)	Title	
Signature (sign in blue ink)	Date	